

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023312

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

3011

VS 300
Rev. 4/59

1

2 6004
X 2

3

4 0

5 1

6

7 1

8 2

9 420.1

10

11

12 67-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 25 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b

1 HR.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. MARYS HOS P

Inside Limits

Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

CLAY

c. CITY
OR TOWN

NORTH KANSAS CITY

Inside Limits

Yes X No

d. STREET

(If outside, give location)

809 EAST 22ND AVE.

Reside on Farm

Yes No X

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JAMES

EDGAR

NILES

4. DATE

Month

Day

Year

OF DEATH

JUNE- 4-

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Never Married

Widowed

Divorced

8. DATE OF BIRTH

1-20-86

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

AGENT SANTA FE RAIL ROAD

11. BIRTHPLACE (City and state or country)

COLONY, KANS.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Winfield S. NILES

13b. MOTHER'S MAIDEN NAME

MARTHA L. HENRIDX

14. NAME OF HUSBAND OR WIFE

JANET NILES

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

K.C. 16 mo.

Lois TAYLOR 6015 S. Wood LAND

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Complete heart block

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Congestive failure

12 hours

DUE TO (c)

myocardial infarction acute.

2 1/2 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes No Unknown

19. WAS AUTOPSY PERFORMED?
YES NO X

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 19, 1962 to June 4, 1962 and last saw him alive on June 4, 1962
Death occurred at 9:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

S. Comer Bates, M.D.

22b. ADDRESS

2730 South Mall, Kansas City 19, Missouri

22c. DATE SIGNED

6/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

6-6-62

23c. NAME OF CEMETERY OR CREMATORY

WHITE CHAPEL

23d. LOCATION (City, town, or county)

GLADSTONE, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

NORTH

25. DATE RECD. BY LOCAL REG.

6-6-62

26. REGISTRAR'S SIGNATURE

Ruth N. Long

D.W. NEWCOMER'S SONS-KANSAS CITY

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John W. Kalsbeek

Licensed Embalmer No.

4949

P. O. Address

10 Kansas City 16 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.